

TABLE OF HEIRSHIP

Deceased Owner Name:	Claim Number (if known):

Section 1 – Provide the following information on the deceased owner’s spouse:

If never married, please state below.

Name of Spouse (first, middle, last & maiden)	Date of Birth	Date of Death

Section 2 – Provide the following information on the deceased owner’s child/children:

If none, please state below.

Name of child/children (first, middle, last & maiden)	Date of Birth	Date of Death

Section 3 – Provide the following information on the deceased owner’s grandchildren, born only to the deceased children in Section 2 above:

If none, please state below.

Name of grandchild/grandchildren (first, middle, last & maiden)	Name of Parent/ Deceased Child (Section 2)	Date of Birth	Date of Death

Section 4 – Provide the following information on the deceased owner’s parents, if the deceased owner never married and did not have children:

Name of Parents (first, middle, last & maiden)	Date of Birth	Date of Death

Section 5 – Provide the following for the deceased owner’s siblings:

If none, please state below.

Name of Siblings (first, middle, last & maiden)	Date of Birth	Date of Death

Section 6 – Provide the following information for the deceased owner’s nieces/nephews, born only to the deceased siblings in Section 5 above:

If none, please state below.

Name of Nieces/Nephews (first, middle, last & maiden)	Name of Parent/ Deceased Sibling (Section 5)	Date of Birth	Date of Death

If you need additional lines for any of the above sections, please complete a second form and reference which relative relation is being placed into each section or contact the UCP department for further assistance.

I declare under penalty of perjury, under the laws of the State of Minnesota, that all statements contained in this Table of Heirship and any accompanying documents are true and correct, with full knowledge that all statements made in the Table of Heirship are subject to investigation and that any false or dishonest statement may be grounds for denial of submitted claim.

Printed Name	Signature	Date